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SURGICAL LECTURES.

Theatre, St. Thomas's Hospital.

LECTURE 70.

Dislocations.

GENTLEMEN,

Cases of *dislocations* of the *ribs* have been described by different authors; such cases must be extremely rare, and must also be very difficult to detect. Their heads are said to be thrown from their articulations on the bodies of the vertebræ. But I have never seen such a case. There is frequently a great irregularity of the cartilages which is mistaken for a dislocation. This arises from constitutional weakness, the arch of the rib is diminished, the sides flattened, and therefore the extremity of the ribs with the cartilages thrust forward. It is generally the result of rickets. Very rarely a cartilage may be torn from its connexion with the sternal end of the rib and projects over its surface. The same treatment would be necessary as in fracture of the ribs. Desire the patient to make a deep inspiration, then depress the projecting cartilage, put a wetted pasteboard splint upon the part, and apply a flannel roller over it.

Of *dislocations* of the *clavicle.*—The sternal end of the clavicle is dislocated in two directions, forwards and backwards, most frequently forwards, when it is thrown upon the fore and upper part of the sternum. This accident may be readily distinguished by the swelling seen on the upper part of the sternum, and if the fingers be carried upon the surface of the sternum upwards, this projection stops them; but if there be any doubt about it, place your knee against the spine, draw the shoulders backwards, and the clavicle sinks into its natural situation, but immediately you uncover the extension the swelling again protrudes. If the shoulder be elevated the projection descends, if the shoulder be drawn downwards the extremity of the clavicle passes upwards towards the neck. The motions of the clavicle are painful, and those of the shoulder performed with difficulty. In a thin person

you see immediately the nature of the accident, but in a stout person it is sometimes difficult. The reduction is easily effected in the way just pointed out, apply the clavicular bandage. The arm does not require to be supported.—The second dislocation is *backwards*, behind the sternum. This is a very rare dislocation. I have never seen a case of it arising from injury, but it has happened from great deformity of the spine, which advanced the scapula, and did not leave sufficient room for the clavicle between the scapula and sternum, and it gradually glided behind the sternum, and the pressure of the end of the bone was so great on the œsophagus as to require its removal. It does not produce much difficulty of breathing, because the trachea is pushed to the other side; but the œsophagus is compressed and produces great difficulty of swallowing. When it arises from deformity of the spine, there is no mode of reducing it. In the case just mentioned, the clavicle was sawn through about one inch from the sternum, by Mr. Davis, late of Bungay, in Suffolk, and very carefully dissected out. This was a very bold operation, but it succeeded perfectly. None but an excellent anatomist would have dared to attempt it. The *scapular* end is more frequently dislocated than the sternal. It may be detected by putting the finger on the spine of the scapula, and tracing it forwards towards the acromion, where the finger will be stopped by the projecting portion of the clavicle. The shoulder will be depressed and drawn inwards towards the sternum, and from the projection of the clavicle it will appear flattened, something like the dislocation into the axilla. This happens from the scapula having lost its support, it being the office of the clavicle to separate the shoulder widely from the sternum, to allow of more extensive motion. In the reduction of this dislocation you may use the same mode as was employed in the dislocation at the sternal end. Let the knee be put between the patient's shoulders, and draw them backwards and upwards, and the clavicle immediately is brought into its place. Then put a thick cushion into each axilla, to keep the scapula from the side, to raise it and to prevent the axilla from being injured by the bandages. Then the clavicular bandage is to be applied, and its straps should be broad enough to press upon the clavicle and scapula. The arm should be supported in a short sling, so as to keep the scapula well up. These accidents, with the best treatment, will generally leave some deformity;

and it is better, therefore, when first called to the accident, to state this to the patient, as he may otherwise suppose that it has arisen from your negligence or ignorance. You may at the same time inform him, that a very good use of the limb will be restored, although a slight alteration of the natural form of the parts may remain, such as a little projection on the sternum, or on the sternal extremity of the clavicle.

The *Humerus* is liable to be dislocated in four directions. The first and most common of these is downwards and inwards into the axilla; the bone here rests on the inner side of the inferior costa of the scapula. It may be known by the projection of the acromion, by the natural rotundity of the shoulder being lost, by the deltoid being flattened and dragged down with the head of the bone. The arm is rather longer than the other, and the elbow is carried from the side. Although the arm is longer than natural in a recent dislocation, yet, if the accident have been of some duration, the head of the bone becomes imbedded in the soft parts, and the limb is then shortened. The elbow is with difficulty brought to the side, from the head of the bone being in this attempt pressed upon the axillary plexus of nerves, and the patient will generally come to you, supporting the arm with the other hand, to prevent its weight pressing upon these nerves. If the elbow be carried outwards, nearly at right angles with the trunk, the head of the bone can be distinctly felt in the axilla; but this cannot be done if the elbow be allowed to remain close to the side. The raising the elbow throws the head of the bone downwards and more into the axilla, and therefore can be more easily felt in the axilla. The motion of the joint upwards and outwards is in a great measure lost, and therefore the patient cannot raise his hand to his head. This question is generally asked, "Can you raise your hand to your head?" The answer invariably is, that he cannot; and you immediately make up your mind that it is a dislocation. The patient can swing his arm a little forwards and backwards as it hangs by his side. The central axis of the limb may also be observed to run into the axilla. There is usually a numbness in the fingers from the pressure of the head of the bone on the axillary plexus. Well, then the principal marks of the accident will be, the falling of the shoulder, the presence of the head of the bone in the axilla, and the loss of the natural motions of the joint. But in a short time these appearances are less decisive

from the extravasation and tension which follow. The common causes of a dislocation of the humerus into the axilla are, falls upon the hand while the arm is much raised, or by a fall upon the elbow when the arm is raised from the side, by which the head of the bone is thrown downwards. But the most frequent cause of this accident is a fall directly on the shoulder on some projecting body, by which the head of the bone is suddenly driven downwards. Dislocations are very apt to recur from very slight causes. If the muscular power be considerable, or if the accident has occurred a few days, the *reduction* is usually accomplished in the following way. Place the patient in a chair, let the scapula be well secured by a bandage passed over it, with a slit in it to receive the arm, and buckled over the acromion; this keeps the bandage close up in the axilla, and more completely fixes the scapula: or it may be done by a towel folded round the scapula and tied close above the acromion. Pass a wetted roller round the arm, just above the elbow, to protect the skin, and upon this a strong worsted tape is to be fastened with what the sailors call the clovehitch; the arm should be raised at right angles with the body, or a little above it, to relax the deltoid and supraspinatus. Two persons should now make extension from the bandage fastened to the arm, and two from the scapular bandage, with a steady and equal force. After the extension has been made a few minutes, the surgeon should place his knee in the axilla, resting his foot on the chair on which the patient sits, and raise his knee by extending his foot, and placing his hand at the same time on the acromion, he pushes it downwards, when the head of the bone usually slips into its place. While the extension is making, a gentle rotatory motion will diminish the counteracting power of the muscles, and assist the reduction; the fore arm should be bent to nearly right angles with the upper arm. If the limb has been a long time dislocated, and if the muscles are so firmly contracted that the force to be applied in the way I have just recommended does not succeed, the reduction must be attempted *by means of the pullies*; more on account of employing the force gradually and equally, than of their increase in power. The patient should sit between two staples to be fixed in the wall, the bandages are to be applied in the way before described, and the surgeon should draw the pulley himself, and the degree of extension be gradually increased until the pa-

tient complains of pain, then stop a little and extend again. (Here I may mention to you the great advantage to be gained in engaging the patient's attention, and directing it to some other object during the attempt at reduction.) Then extend the arm again, and continue it until the patient again complains, and thus at intervals of three or four minutes you may continue the extension for a quarter of an hour. If this plan should not succeed, you must use the constitutional measures before pointed out, and try the extension again. But in the Hospital I generally order, when I expect much resistance, the warm bath and nauseating doses of tartarized antimony to precede the application of the pullies.

If the patient should be an elderly lady, or a relaxed, emaciated person, you may generally succeed in reducing the dislocation in this way. Put the person in a low chair, carry the knee into the axilla, by separating the arm sufficiently from the side, and let your foot rest on the side of the chair; take hold of the arm firmly, just above the condyles with one hand, and place the other on the shoulder; draw the arm over the knee, raise the knee a little at the same time, and depress the shoulder with the other hand, when the bone will generally slip into its socket. But the mode I usually adopt, in all recent cases, is the following: lay the patient on his back, either on a bed or sofa, and bring him near to the edge of it; let a towel be passed over the scapula, in the manner before mentioned, and given to a person to hold fast; then tie a handkerchief above the elbow, having previously passed a wetted roller round the arm, carry the patient's arm from his side, and sit yourself on the edge of the bed, then place your heel in the axilla, and extend the arm; draw steadily for three or four minutes, and the bone is replaced. If more force should be necessary than you can make with the handkerchief, you can pass a towel round the arm in its stead, and let two or three persons pull at it, the heel being still kept in the axilla. This plan I should recommend you to adopt in ordinary cases.

The *second dislocation* is *forwards*, beneath the clavicle, upon the second rib, and having the coracoid process to its outer side. This accident is more easily ascertained than the dislocation into the axilla. The projection of the acromion appears greater, from the depression of the deltoid being more considerable. There is a prominence to be observed beneath the

middle of the clavicle, and on rotating the arm, the head of the bone may be felt to roll; the elbow is thrown from the side, and at the same time carried backwards; and the motions of the arm are more confined than in the dislocation into the axilla. The pain attending this accident is slighter than the one just mentioned, because the axillary plexus of nerves is not compressed. These marks place the nature of the accident beyond all doubt.

The reduction is to be effected by the same means as in the former dislocation. The same bandage should be used, and the arm bent; but the direction in which the bone is drawn is the principal circumstance to be attended to. The extension must first be made obliquely downwards and backwards, until the head of the bone has passed the coracoid process, then it may be raised in a horizontal direction, and by the pressure of the heel in the axilla, the bone will be easily returned.

The *third dislocation* is *backwards*, on the dorsum scapulæ, just beneath the spine. It is readily distinguished by the projection of the head of the bone, and by its following the movements of the elbow when rotated. Only two cases have occurred in Guy's Hospital during thirty-eight years. The bandages are to be applied in the same manner as in the dislocation into the axilla, and the extension made in the same direction, rotating at the same time the head of the bone inwards.

The *fourth dislocation* of the humerus is only *partial*. It is an accident which frequently occurs. The head of the bone is thrown forwards against the coracoid process; there is a hollow at the back part of the shoulder joint; the axis of the arm is thrown inwards and forwards; the under motions of the arm are still performed, but it cannot be raised, from its striking against the coracoid process. The head of the bone may be felt to rotate. The reduction is the same as that for the dislocation forwards, but the shoulders should also be drawn backwards, to bring the head of the bone to the glenoid cavity. After the reduction, the shoulders must be secured by the clavicular bandage, or the bone will again slip forwards, against the coracoid process. An injury of great violence may occasion the head of the bone to be forced through the integuments in the dislocation forwards. The reduction should be immediately effected, as was before recommended in the dislocation forwards. A suture

should be introduced, and lint dipped in blood applied to the wound, and adhesive plaster, to retain the apposition of the wound; the limb should be kept close to the side, by a roller including the arm, and thus the least motion prevented. By this treatment the suppurative inflammation may be prevented, and the patient's life not be endangered.

Accidents about the shoulder joint, with which dislocations are liable to be confounded, are, *first*, *fracture of the acromion*. Here the roundness of the shoulder is in some measure lost, and the head of the bone drops towards the axilla. It may be readily distinguished, by the shoulder regaining its proper shape on supporting the arm, and by its again sinking when that support is removed. If you trace the spine of the scapula forwards to the clavicle, on reaching that part the finger sinks into a depression; then raise the arm, and place one hand firmly on the acromion, and rotate the elbow with the other, and you will distinctly perceive a crepitus. In the treatment of this accident, you are to make the head of the os humeri act as a splint, to support the detached portion of bone; with this view, then, you support the elbow in a short sling, and bend the fore-arm across the chest; put a thick pad between the elbow and the side, so as to separate it widely from it, in order to relax the deltoid. Let the motion of the arm be perfectly prevented, by binding it firmly to the chest by a roller; the elbow should be carried a little backwards. The arm should be kept firmly fixed for three weeks; it will unite by bone, if motion was perfectly prevented, but as this is very difficult to accomplish, the union is generally ligamentous. The second accident is more likely to be mistaken for dislocation than any other, and this is the *fracture through the neck of the scapula*. It is impossible, by mere inspection, to distinguish this from dislocation into the axilla. It is to be known by carrying the hand over the shoulder, and resting the finger on the coracoid process; then, by rotating the arm, a crepitus will be felt. Let the surgeon place his arm under the arm of the patient, and by raising it a little he restores the natural appearance of the joint, but by taking away that support, the shoulder again sinks. The treatment of this fracture is, to place a thick pad in the axilla, to carry the humerus, and with it the glenoid cavity, outwards; to support the humerus in a short sling, to preserve the parts in apposition.

The clavicular bandage will assist in keeping the head of the bone outwards, and the motion of the arm may be prevented by confining it to the chest by a roller. It requires from 10 to 12 weeks for its recovery, and continues weak for three weeks after.

The third is the *fracture through the neck of the humerus.* This may be distinguished in the same way as the accident just mentioned, and by passing the hand over the shoulder joint, and fixing the head of the humerus with the fingers, whilst at the same time you raised the elbow, and carried the upper part of the humerus a little outwards, you will feel a crepitus on rotating the elbow; but the head of the bone does not follow the rotation of the arm. You are to apply a roller, from the elbow to the shoulder joint, and put a splint on the inner and outer side of the arm, to be confined by another roller; a thick pad is to be placed in the axilla, and the arm gently supported in a sling. The principal difficulty is to prevent the pectoral muscle drawing the body of the bone forwards, but if the inner splint be properly applied, its influence will be counteracted. It requires from three to six weeks to unite, according to the age of the patient.

Of Dislocations of the Elbow.—The elbow may be dislocated in five directions; and first, of the *dislocation of both bones backwards.* This accident is strongly marked by the alteration in the form of the joint, and by its partial loss of motion. There is a considerable projection posteriorly formed, by the ulna and radius. On each side of the olecranon there is a hollow; a large hard swelling is felt at the fore part of the joint, immediately behind the tendon of the biceps, which is the extremity of the humerus. The hand and fore arm are in a state of supination, and you cannot turn them prone. The cause of the accident is generally this: a person, when falling, puts out his hand to save himself, but the arm not being perfectly extended, the whole weight of the body is thrown upon the radius and ulna, and they are forced behind the axis of the humerus. The dislocation is to be reduced in this way: let the patient be seated on a chair; take hold of his wrist, and put your knee on the inner side of the elbow joint; then bend the fore arm, and at the same time press upon the radius and ulna with the knee, so as to separate them from the humerus, and so as to throw the coronoid process of the ulna from the posterior fossa

of the humerus, where it is lodged. Whilst this pressure is kept up by the knee, the arm is to be forcibly, at the same time gradually, bent, and the bones will slip into their places. After the reduction, the arm should be kept flexed, and a bandage applied, which should be kept wet with an evaporating lotion, and the arm supported in a sling. The fore arm should be bent, at rather less than a right angle with the upper arm. The elbow may be *dislocated laterally*, when the ulna will be thrown either on the external or internal condyle. When thrown *outwards*, the projection is greater than in the dislocation backwards; as the coronoid process, instead of being lodged in the posterior fossa, is thrown behind the external condyle, and the radius forms a protuberance behind, and on the outer side of the humerus, so as to produce a hollow above it; on rotating the hand, the radius may be felt to move. The *ulna* is sometimes thrown upon the *internal* condyle, but it projects posteriorly, as in the dislocation outwards, and the head of the radius is situated in the posterior fossa of the humerus. It may be known by the great projection of the external condyle of the humerus, and by the hollow above the olecranon on the inner and back part of the arm. Its reduction may be accomplished as in the former dislocation, by bending the arm over the knee, without turning it directly outwards or inwards; for, as soon as the radius and ulna are separated from the humerus by the pressure of the knee, the biceps and the brachialis internus, which have been before kept powerfully upon the stretch, give the bones the proper direction for reduction.

The third *dislocation* is *backwards*. The ulna is sometimes thrown backwards upon the humerus, whilst the radius remains in its proper situation. The deformity of the limb is very great, by the fore arm and hand being twisted inwards, whilst the olecranon projects considerably backwards. The fore arm cannot be extended, nor can it be bent to more than a right angle. It is rather more difficult to detect than the other dislocation of the elbow, but it may be known by the projection of the ulna, and the twisting inwards of the fore-arm. It is more easily reduced than when both the bones are dislocated; you may do it readily, by bending the arm over the knee, and drawing the fore arm downwards. In addition to the action of the brachialis internus, the radius, by resting on the external condyle, will act as a lever to the fore arm, in

pushing the os humeri backwards on the ulna when the arm is bent. The *radius* is sometimes separated from its connexion with the coronoid process of the ulna, and is thrown *forwards*, into the hollow above the external condyle of the os humeri, and upon the coronoid process of the ulna. The fore-arm is slightly bent, but cannot be brought to a right angle with the upper, nor can it be perfectly extended; when bent suddenly, the flexion is checked by the head of the radius striking against the fore part of the os humeri. The hand is between pronation and supination, but neither can be done perfectly, but it is nearer pronation. By carrying the thumb into the fore part of the elbow joint, and rotating at the same time the hand, the head of the radius will be felt to rotate also; and this, with the sudden check to the bending of the fore-arm, are the best marks of the injury. This accident happens from a fall upon the hand, when the arm is extended, and the radius receives the weight of the body. In attempting to reduce this dislocation, the hand should be turned supine, the fore-arm should be bent, and extension made from the hand, without including the ulna. Numerous and powerful attempts have been made to reduce this dislocation, and frequently without success; but by attending to the circumstances I have just mentioned, I have succeeded in two or three cases; and I have only seen six of these accidents, and one of these was a patient of Mr. Cline's.

Of the dislocation of the *radius backwards*, I have never seen a case in the living body; but a subject was brought into our dissecting room with this accident; I have no doubt but that it might be easily reduced by bending the fore-arm, but a bandage should afterwards be worn.

The dislocations of the *wrist joint* are of three kinds. *First*, of the dislocations of *both bones*. This is not of very frequent occurrence; but the bones may be either thrown backwards or forwards, according to the direction of the force applied. If a person in falling receives his weight upon the palm, the carpal bones are thrown *backwards*, and the radius and ulna forwards. The marks of the accident are these: a swelling is produced by the radius and ulna on the fore part of the wrist, and a similar swelling is seen on the back part, with a depression above it. The hand is forcibly bent back. If a person fall on the back part of the hand, the carpus is forced *under the flexor tendons*, and the radius and ulna are thrown upon the back part

of the hand. These *two projections* become the diagnostic marks of the accident, and will distinguish it from a swelling on the fore part of the hand about the flexor tendons, in consequence of a violent sprain; as in this case there is only one swelling, and it does not appear immediately after the accident, but gradually increases in size. The reduction of this dislocation in either form is not difficult. Grasp the patient's hand with your right and support the fore-arm with your left hand, whilst an assistant places his hands firmly round the arm just above the elbow. Then let both extend, and the bones are soon replaced. The muscles will direct the bones into the proper situation as soon as the extension is made sufficiently. A roller should be applied round the wrist, wetted with an evaporating lotion, and a splint be placed before and behind the fore arm, reaching to the extremities of the metacarpal bones.

The *radius only* is sometimes thrown forwards upon the carpus; in this case the outer side of the hand is thrown backwards and the inner forwards. The extremity of the bone forms a protuberance on the fore part of the wrist. The extension necessary to reduce this dislocation, and the after treatment, are the same as when both bones are displaced. The *ulna* is sometimes separated from the radius by the rupture of the sacriform ligament, and it usually projects backwards. It is known by its projection above the level of the os cuneiforme, and by its being easily returned by pressure to its former situation, and by its rising again when the pressure is removed. After you have put the head of the bone into its place, put a compress of leather on its extremities to keep it in a line with the radius. Splints should be placed along the fore arm, and a roller applied over the splints to confine them with firmness.

REVIEW.

Elements of Phrenology. By GEORGE COMBE, *President of the Phrenological Society. With two Engravings. John Anderson, junr. Edinburgh, and Simpkin and Marshall, London.*

The appearance of a work of this description, from the able hand of Mr. G. COMBE, is a source of much gratification to us; it is purely elementary, and requires but a very small portion of attention to fully comprehend every word it contains. We trust it will be perused by those who have so unsparingly abused the science of

Phrenology, and we hope in their future attacks they will show us, at least, that they are acquainted with the elements of that science, and not continue, as they have hitherto done, to attempt the refutation of a doctrine without possessing the knowledge of a single one of those innumerable facts from which it was discovered, and on which it is immutably established.

As many of our readers are yet entirely unacquainted with Phrenology, and most probably have never heard it named unless accompanied with ribaldry, it may not be uninteresting to them to know the circumstances which gave rise to its discovery, and the manner in which Drs. GALL and SPURZHEIM subsequently pursued their inquiries, with a view of perfecting the science. We shall, therefore, give Mr. COMBE's Introductory Observations, containing the above interesting history.

"Phrenology (derived from φρην mind, and λογος discourse) treats of the faculties of the Human Mind, and of the organs by means of which they manifest themselves; but it does not enable us to predict actions.

"Dr. GALL, a physician of Vienna, now resident in Paris,* is the founder of the system. From an early age he was given to observation, and was struck with the fact, that each of his brothers and sisters, companions in play, and schoolfellows, possessed some peculiarity of talent or disposition, which distinguished him from others. Some of his schoolmates were characterized by the beauty of their penmanship, some by their success in arithmetic, and others by their talent for acquiring a knowledge of natural history, or of languages. The compositions of one were remarkable for elegance, while the style of another was stiff and dry; and a third connected his reasonings in the closest manner, and clothed his argument in the most forcible language. Their dispositions were equally different, and this diversity appeared also to determine the direction of their partialities and aversions. Not a few of them manifested a capacity for employments which they were not taught; they cut figures in wood, or delineated them on paper; some devoted their leisure to painting, or the culture of a garden, while their comrades abandoned themselves to noisy games, or traversed the woods to gather flowers, seek for bird-nests, or catch butterflies. In this manner, each individual presented a character peculiar to himself, and Dr. GALL never observed, that the individual who in one year had displayed selfish or knavish dispositions became in the next a good and faithful friend.

"The scholars with whom Dr. GALL had the greatest difficulty in competing, were those who learned by heart with great facility; and such individuals frequently gained from him, by their repetitions, the places which he had obtained by the merit of his original compositions.

* Born at Tiefenbrun, in Suabia, on 9th March, 1757.

"Some years afterwards, having changed his place of residence, he still met individuals endowed with an equally great talent of learning to repeat. He then observed, that his school-fellows, so gifted, possessed prominent eyes, and he recollected, that his rivals in the first school had been distinguished by the same peculiarity. When he entered the University he directed his attention, from the first, to the students whose eyes were of this description, and he soon found that they all excelled in getting rapidly by heart, and giving correct recitations, although many of them were by no means distinguished in point of general talent. This observation was recognized also by the other students in the classes; and although the connexion betwixt the talent and the external sign was not at this time established upon such complete evidence as is requisite for a philosophical conclusion, yet Dr. GALL could not believe that the coincidence of the two circumstances thus observed was entirely accidental. He suspected, therefore, from this period, that they stood in an important relation to each other. After much reflection, he conceived, that if memory for words was indicated by an external sign, the same might be the case with the other intellectual powers; and, from that moment, all individuals distinguished by any remarkable faculty became the objects of his attention. By degrees, he conceived himself to have found external characteristics, which indicated a decided disposition for painting, music, and the mechanical arts. He became acquainted also with some individuals remarkable for the determination of their character, and he observed a particular part of their heads to be very largely developed. This fact first suggested to him the idea of looking to the head for signs of the moral sentiments. But on making these observations, he never conceived, for a moment, that the *skull* was the cause of the different talents, as has been erroneously represented; for, from the first, he referred the influence, whatever it was, to the brain.

"In following out, by observations, the principle which accident had thus suggested, he for some time encountered difficulties of the greatest magnitude. Hitherto he had been altogether ignorant of the opinions of Physiologists touching the brain, and of Metaphysicians respecting the mental faculties. He had simply observed nature. When, however, he began to enlarge his knowledge of books, he found the most extraordinary conflict of opinions every where prevailing, and this, for the moment, made him hesitate about the correctness of his own observations. He found that the moral sentiments had, by an almost general consent, been consigned to the thoracic and abdominal viscera; and that while PYTHAGORAS, PLATO, GALEN, HALLER, and some other Physiologists, placed the sentient soul or intellectual faculties in the brain, ARISTOTLE placed it in the heart, VAN HELMONT in the stomach, DES CARTES and his followers in the pineal gland, and DRELINCOURT and others in the cerebellum.

"He observed also that a great number of philosophers and physiologists asserted, that all men are born with equal mental faculties; and that the differences observable

among them are owing either to education, or to the accidental circumstances in which they are placed. If all difference were accidental, he inferred that there could be no natural signs of predominating faculties, and consequently that the project of learning, by observation, to distinguish the functions of the different portions of the brain, must be hopeless. This difficulty he combated, by the reflection, that his brothers, sisters, and schoolfellows had all received very nearly the same education, but that he had still observed each of them unfolding a distinct character, over which circumstances appeared to exert only a limited control. He observed also, that not unfrequently they, whose education had been conducted with the greatest care, and on whom the labours of teachers had been most freely lavished, remained far behind their companions in attainments. 'Often,' says Dr. GALL, 'we were accused of want of will, or deficiency in zeal; but many of us could not, even with the most ardent desire, followed out by the most obstinate efforts, attain in some pursuits even to mediocrity; while in some other points, some of us surpassed our schoolfellows without an effort, and almost, it might be said, without perceiving it ourselves. But, in point of fact, our masters did not appear to attach much faith to the system which taught the equality of mental faculties; for they thought themselves entitled to exact more from one scholar, and less from another. They spoke frequently of natural gifts, or of the gifts of God, and consoled their pupils, in the words of the gospel, by assuring them, that each would be required to render an account, only in proportion to the gifts which he had received.' *

"Being convinced by these facts, that there is a natural and constitutional diversity of talents and dispositions, he encountered in books still another obstacle to his success in determining the external signs of the mental powers. He found that, instead of faculties for languages, drawing, distinguishing places, music, and mechanical arts, corresponding to the different talents which he had observed in his schoolfellows, the metaphysicians spoke only of general powers, such as perception, conception, memory, imagination, and judgment; and when he endeavoured to discover external signs in the head, corresponding to these general faculties, or to determine the correctness of the physiological doctrines regarding the seat of the mind, as taught by the authors already mentioned, he found perplexities without end, and difficulties insurmountable.

"Dr. GALL, therefore, abandoning every theory and preconceived opinion, gave himself up entirely to the observation of nature. Being physician to a lunatic asylum in Vienna, he had opportunities, of which he availed himself, of making observations on the insane. He visited prisons, and resorted to schools; he was introduced to the courts of princes, to colleges, and the seats of justice; and whenever he heard of an individual distinguished in any particular way, either by remarkable endowment or deficiency, he observed and studied the development of his head. In this manner, by an almost imperceptible induction, he conceived

* Preface by Dr. GALL to the "Anatomie &c. du Cerveau," from which other facts in this work are taken.

himself warranted in believing, that particular mental powers are indicated by particular configurations of the head.

"Hitherto he had resorted only to Physiognomical indications, as a means of discovering the functions of the brain. On reflection, however, he was convinced that Physiology is imperfect when separated from Anatomy. Having observed a woman of fifty-four years of age, who had been afflicted with hydrocephalus from her youth, and who, with a body a little shrunk, possessed a mind as active and intelligent as that of other individuals of her class, Dr. GALL declared his conviction, that the structure of the brain must be different from what was generally conceived,—a remark which TULPIUS also had made, on observing a hydrocephalic patient, who manifested the mental faculties. He therefore felt the necessity of making anatomical researches into the structure of the brain.

"In every instance, when an individual whose head he had observed while alive happened to die, he used every means to be permitted to examine the brain, and frequently did so; and found, as a general fact, that, on removal of the skull, the brain, covered by the dura mater, presented a form corresponding to that which the skull had exhibited in life.

"The successive steps by which Dr. GALL proceeded in his discoveries, are particularly deserving of attention. He did not, as many have imagined, first dissect the brain, and pretend by that means to discover the seats of the mental powers; neither did he, as others have conceived, first map out the skull into various compartments, and assign a faculty to each, according as his imagination led him to conceive the place appropriate to the power. On the contrary, he first observed a concomitance betwixt particular talents and dispositions and particular forms of the head; he next ascertained, by removal of the skull, that the figure and size of the brain are indicated by these external forms; and it was only after these facts were determined, that the brain was minutely dissected, and light thrown upon its structure.

"At Vienna, in 1796, Dr. GALL for the first time delivered lectures on his system.

"In 1800, Dr. J. G. SPURZHEIM* began the study of Phrenology under him, having in that year assisted, for the first time, at one of his lectures. In 1804 he was associated with him in his labours; and since that time has not only added many valuable discoveries to those of Dr. GALL in the anatomy and physiology of the brain, but formed the truths, brought to light by their joint observations, into a beautiful and interesting system of mental philosophy. In Britain we are chiefly indebted to his personal exertions and printed works for a knowledge of the science.

"An elementary view of the result of their labours will be given in the following sheets.

"Their method of investigation is free from certain insuperable difficulties, which have impeded the progress of other philosophers in establishing a true theory of mind.

"1. *Dissection* alone does not reveal the *functions* of any organ. No person, by dissecting the optic

* Born at Longuich, near Trèves on the Moselle, 31st December, 1776.

nerve, could predicate that its office is to minister to vision; or, by dissecting the tongue, could discover that it is the organ of taste. Anatomists, therefore, could not, by the mere practice of their art, discover the functions of the brain.

"11. The mind is not conscious of acting by means of organs; and hence metaphysical philosophers who, in studying the mental phenomena, confined themselves to reflections on consciousness, could not discover the material instruments by means of which the mind performs its operations in this life, and communicates with the external world.

"It is ascertained by experiment and observation, that the form of the brain can be discovered, in individuals, in perfect health, and under the middle period of life, by inspecting the cranium.

"The phrenologist compares cerebral development with the manifestations of mental power, for the purpose of discovering the functions of the brain, and the organs of the mind; and this method of investigation is conform to the principles of the inductive philosophy, and free from the objections attending the anatomical and metaphysical modes of research.

"There are, however, parts at the base of the brain, in the middle and posterior regions, the size of which cannot be discovered during life, and whose functions in consequence are still unknown. From analogy and some pathological facts, they are supposed to be the organs of the sensations of hunger and thirst, heat and cold, and of some other mental affections, for which cerebral organs have not been discovered; but demonstrative evidence to this effect being wanting, this conjecture is merely stated to incite to farther investigation. The frontal sinus is an opening between the inner and outer surfaces of the frontal bone, occurring at the top of the nose. It is found in general after the age of puberty, and extends along the spaces marked $\frac{2}{19}$ and 21 on the Plate; and throws a degree of uncertainty over the development of the organs indicated by these numbers. In old age and disease it frequently becomes much larger, extending over a variety of organs; but these cases form exceptions to the general rule, and are not proper for observation. In other parts of the skull marked as pointing out the situation of organs, the outer and inner surfaces are either parallel, or the departure from perfect parallelism, where it occurs, is limited to a line, one-tenth or one-eighth of an inch, according to the age and health of the individual. The difference in development between a large and a small organ of the propensities and some of the sentiments, amounts to an inch and upwards; and to a quarter of an inch in the organs of intellect, which are naturally smaller than the others.

"A faculty is a mental power of feeling or of thinking in a certain way. The number of the primitive faculties, so far as discovered, and the kind of feeling or mode of thinking produced by each, will afterwards be explained.

"A mental organ is a material instrument, by means of which a faculty acts, and is acted upon, in this life.

"The following illustration will serve to elucidate these definitions.

"The brain, considered as a single organ, and serving to manifest the mind as a general power capable of existing in different states,

but not endowed with separate faculties, may be likened to a wind instrument, with only one form of apparatus for emitting sound,—a trumpet, for example. If excited with one degree of force, it emits one kind of note, which is the result of the whole metal being in a certain state. If excited with another degree of force, it emits another kind of note, and this is the consequence of the metal being in another state. The number of notes that may be produced will be as great as the variety of states into which the metal may be excited. Now, suppose the first state of the trumpet to correspond to a state of the whole brain in manifesting perception, the second to its state in manifesting conception, and so on, the analogy may be carried to an indefinite length; each state of the trumpet, and each note thence arising, corresponding to an affection of the whole brain, and to a particular mental state accompanying it. This is the notion generally entertained of the functions of the brain, and the mode of operation of the mind: but the phrenological view is different.

"The brain may be compared to another musical instrument,—a piano-forte, having various strings. The first string is excited, and a certain note is produced; the second is excited, and another note swells upon the ear. Each note results from the instrument being in a particular state, but it cannot exist in the state which produced the first note, without the first string; nor in that which produced the second note, without the second string; and so forth. The piano-forte represents the brain as apprehended by the phrenologists; benevolence, for example, is manifested through the instrumentality of one part, veneration through that of another, and reflection by means of a third. The phrenologist studies man in society, and, in comparing the power of manifesting particular mental faculties with the size of particular organs, he resembles a person who, to discover the mode of operation of a musical instrument, should examine narrowly its structure, and make it sound while he observed it.

"The following points are conceived to be established by an extensive induction of facts.

"1st. The mind manifests a plurality of faculties.

"2dly. The brain is the material instrument by means of which the mind acts, and is acted upon.

"3dly. The brain consists of two hemispheres, separated by a strong membrane called the falciform process of the dura mater. Each hemisphere is an aggregate of parts, and each part serves to manifest a particular mental faculty. The two hemispheres, in general, correspond in form and functions, and hence there are two organs for each faculty, one situated in each hemisphere. The cerebellum in man is situated below the brain. A thick membrane named the tentorium separates the two; but they are both connected with the medulla oblongata, and through it with each other. Each organ extends from the medulla oblongata, or top of the spinal marrow, to the surface of the brain or cerebellum; and every individual possesses all the organs in a greater or less degree. The size of the different cerebral parts lying betwixt the surface and medulla oblongata, is found by observation to bear a relation to the

peripheral expansion of the part; so that, if any organ presents a broad and prominent surface, a corresponding development runs through its whole length. The same rule holds in the case of the olfactory and optic nerves. The size of each of these, in its whole length, is in proportion to its expansion in the nose or eye. This fact may be proved, in a general way, in regard to the brain, by observing that the corpora pyramidalia, in which the organs of intellect originate, are larger or smaller in different animals and different individuals, in proportion to the size of the anterior lobes of the brain, which serve to manifest the intellectual powers; and that the corpora olivaria and restiformia, in which the organs of the animal propensities and sentiments arise, bear a relation to the development of the middle and posterior lobes of the brain.

"4thly. The power with which each faculty is capable of manifesting itself bears a proportion to the size and activity of its organs. The effects of size and activity are distinguishable, and will be explained in a subsequent part of this work.

"The phrenologists consider man by himself, and also compare him with other animals. When the lower animals manifest the same propensities and feelings as those displayed by man, the faculties which produce them are held to be common to both. A faculty is admitted as primitive,

"1. Which exists in one kind of animals, and not in another;

"2. Which varies in the two sexes of the same species;

"3. Which is not proportionate to the other faculties of the same individual;

"4. Which does not manifest itself simultaneously with the other faculties; that is, which appears and disappears earlier or later in life than other faculties;

"5. Which may act or rest singly;

"6. Which is propagated in a distinct manner from parents to children; and,

"7. Which may singly preserve its proper state of health or disease."

PHARMACEUTICAL CHEMISTRY.

Digitaline.

M. Augustus Le Royer lately read to the Society of Physics and Natural History of Geneva the following paper, on the active principle contained in the digitalis purpurea (foxglove).

In separating, by skilful analysis, the active principles of different medicinal substances, M. Pelletier has conferred on science the most important service. The use of these new substances becomes every day more familiar to practitioners. They find in them the double advantage of being able to administer in very small doses a powerful medicine, with the quality of which they are accurately acquainted. Those who direct their attention more particularly to the subject of materia medica, could however occupy their time better than in following the steps of this eminent chemist, viz. by analysing those plants which have hitherto escaped M. Pelletier's notice. Under this impression, I undertook the analysis of the digitalis purpurea, or fox-

glove, of which I subjoin the principal results.

Preparation.—I took a pound of the digitalis purpurea, such as you buy in the shops, and treated it in the following manner: first, with cold ether, then by this same agent warm, in a retort, so as to be able to elevate the temperature; the liquids thus obtained, after they had been filtered, were of a yellowish green colour, and a bitter taste; the residue, from their evaporation, had a resinous appearance, and an intolerably bitter taste, and which gave to the tongue the same sensation of numbness as is excited in biting the wolf's bane. This residue, exposed to the air, rapidly attracted the moisture. It became divided into two parts when mixed with distilled water. One of these was kept in solution; the other was precipitated, and presented all the appearances of *chlorophyle;* it was not however pure, but still retained some traces of the bitter matter, which could not be removed entirely, even by repeated ablutions with warm water. The watery solution of the etherized residue turned yellow litmus paper red. I added to it some hydrate of the protoxide of lead, to neutralise the disengaged acid contained in it. The salt of lead which was produced was soluble, and could not therefore be separated from the bitter principle; those which the addition of some earths formed could not be separated either, and I was obliged to have recourse to some other means. I evaporated then to dryness the portion combined with the lead, and mixed it with pure rectified ether. The result of this operation was, that I obtained in solution in the ether, the active principle of the digitalis, disengaged from the substances with which it was in combination; and subsequent evaporation furnished me with a brown ponderous substance, gradually changing to a blue colour the yellow paper previously reddened by an acid. This last character, together with its bitter qualities, approximated it to the vegetable alkalis; from which, however, its extreme liquefaction separated it. This last property prevented it from crystallizing in a distinct and permanent manner; it can nevertheless be ascertained, by the aid of a microscope, that it crystallizes in direct prisms, with rhomboidal bases.

Properties.—After having separated the *digitaline*, it was necessary to ascertain that it was to this principle that the digitalis purpurea owed its powerful properties. Therefore, a grain of this substance (*digitaline*) was dissolved in three ounces of distilled water, and the whole was injected into the abdomen of a middle sized rabbit. At the end of a few minutes, the respiration of the animal became feeble; the pulse, which was previously rapid, fell to 60; and the creature died without the slightest agitation, or indication of pain. This fact is the more remarkable, because rabbits fall into convulsions with great facility.

The injection of poison into the veins, when it is done with the necessary precautions to avoid all accident, is the most certain method to appreciate its effects. Consequently half a grain of *digitaline*, dissolved in two drams of warm water, was injected into the veins of a cat. The animal expired at the end of fifteen minutes, having exhibited the same symptoms as in

the former case. In the few last moments, the respiration fell to six or eight in the minute, and the pulse, weak and irregular, was in a short time not to be felt at all.

A middle sized dog was killed in five minutes by injection into the jugular vein of half an ounce of water containing a grain and a half of *digitaline* in solution.

The arterial blood of the animals, which were destroyed with the *digitaline*, presented a light red tint, and was very slightly coagulable. Examined with a microscope, the red globules which it contained appeared, in the cat particularly, a little deranged, but not decomposed. In a young chicken the red globules were not in the least altered: this observation is in accordance with the most natural and generally received opinion, that the deleterious principle, in solution in the blood, acts directly on the nervous system.

The exceedingly curious experiments which M. FLOURENS has recently published relative to the particular action of different narcotics on certain parts of the brain, led me to ascertain if the *digitaline* did not produce some alteration of this kind. It is possible that more numerous experiments may enable me to discover that it sometimes affects the brain, but by careful dissections already made, with the view of ascertaining this point, I have not found that it does. The sinusses were, it is true, rather gorged with blood, but the cerebral substance did not appear to have undergone any alteration.

FOREIGN DEPARTMENT.

FOR some time past we have regularly made known to our readers most things of interest which have taken place in the medical profession on the Continent as soon as intelligence of them has reached this country. The length, however, of some of the articles contained in the foreign journals frequently compels us to omit them, although it would be of considerable advantage to many, who may not happen to see the originals, that they should be made acquainted with the substance of them. It is our intention therefore, in future, to give an analysis of those foreign journals that rank the highest in the respective countries in which they are published. *Magendie's Journal de Physiologie*, the *Revue Medicale* and *Archives Generales* in FRANCE; *Gräfe's and Walther's Journal*, and *Hufeland's Journal of practical Medicine*, in GERMANY; *Omadei's Annali di Medecina*, in ITALY; and the principal AMERICAN Reviews, are the Journals, of the contents of which we shall present our readers an abstract from time to time. With the French Journals this may be done with some degree of regularity, but with the Italian, German, and American, it will be impossible, on account of the irregularity with which they are received in this country. A plan similar to this was adopted for some time in this country with the English Journals, but we would rather take the Foreign Reviews for two reasons:—*First*, English Journals are more accessible to Englishmen than the Foreign, and if the former contain valuable matter, every one can obtain and read them, which is not the case as far as regards the Foreign Reviews. *Secondly*, the English, as compared with the Foreign Medical Journals,

are very barren of information. We will not enter into the cause of this at present; it is a fact which none can deny. The Medical Journals of this country are extremely defective, and on the whole badly conducted;* nothing is more rare than to see a sparkling of talent in any of them. On these two accounts we shall confine ourselves to the Foreign Journals, taking care however that nothing of importance in the medical world escapes our notice, either at home or abroad.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

The *Revue Medicale*,† for June, contains a paper on the Inflammation of the Nerves, by M. MARTINET; Chemical Researches on a new Method of detecting the Presence of Hydrocyanic Acid in Animals poisoned by this substance, by M. LASSAIGNE; Remarks on the Use of Belladonna, as a Preventive against Scarlatina, by M. MARTINI; Considerations on the Treatment of Mercurial Irritation of the Mouth by Saturnine Lotions, by M. M. LABONNARDIERE, sen. and jun.; and a paper on Gout, by M. BAYLE. These are the original papers contained in this journal for June, and we shall now proceed to give a condensed account of the first, keeping the remainder till our next number.

On the Inflammation of the Nerves. By M. MARTINET.

All the diseases of the nerves are not equally common; some, as those which are classed under the name of neuralgia, and which result from pathological modifications that take place in the sensibility of the medullary pulp are of frequent occurrence; others, on the contrary, which depend on alterations of the nervous tissue itself, as tumours, erosions, inflammations, &c. are rarely met with. The rare occurrence of these last affections, and particularly of inflammation of the nerves (which we intend to treat of at present,) depends on the fibro-cellular texture of the covering enveloping the nervous pulp, and the density of the cellular tissue which unites it to the neighbouring parts. The outer covering of the nerve appears to be the only portion of it attacked with inflammation. I am not aware that it has been ever proved that the nervous pulp or body of the nerve is inflamed. Physiologico-pathological phenomena are in accordance with the first proposition; the scalpel of the anatomist does not appear capable of verifying the second; for I am at a loss to conceive how REIL was able to separate the pulp from each nervous filament, in a case of inflammation, and to find a change in the appearance of this substance. Several physicians seem disposed at present to regard the diseases, known by the name of neuralgia, as inflammation of the nerves; and the various tumours which are occasionally developed between their fibres, as the consequence of chronic phlegmasia, of which Sir EVERARD HOME, HESSELBACH, DUBOIS, MARAUDET, SWAN, &c. have given examples. Others, on the contrary, dispute the fact, and bring forth cases in support of their position, how, in these affections, the nerves have been found in a

* The EDINBURGH Medical and Surgical Journal, and ANDERSON'S Quarterly Journal must be excepted.

† This review is published in the middle of every month.

natural state. It must be confessed, that neither of these opinions appears at present to be borne out by a sufficient number of examples to gain partisans among men who are unwilling to be contented with hypothetical conjectures. For our own part, we think that the diseases, known by the name of neuralgiæ, almost always depend on a continued irritation of the medullary substance of the nerves; an irritation, however, which has no tendency to be converted into inflammation; and, that they, therefore, manifest themselves with symptoms altogether peculiar. M. Martinet relates ten cases in which there was inflammation of the nerves or their covering, from which we extract the two following:

Case I.

Pain of the median nerve, increased by pressure and motion; demi-paralysis of the fore-arm; pain of the sciatic nerve, speedily followed by paralysis of the thigh;—redness of these nerves, without any increase of their size.

A woman, forty-three years of age, having always enjoyed good health, although, ever since the age of twenty-two, the menses had not appeared, began to experience, towards the month of March, 1810, pains extending the whole length of the left arm. These pains became stronger and stronger, till they were almost insupportable; they had their seat in the shoulder, the internal parts of the upper arm, and anterior parts of the fore arm, and extended to the extremities of the fingers. A blister was applied to the internal part of the arm, which calmed the pain; but just as this took place, an uneasy sensation, or rather weakness, seized the arm, which continued to be paralysed till a sense of numbness spread all through the limb, which however preserved its sensibility. A fresh blister was applied to the arm, the motion of the limb was restored, and continued to be performed as long as the counter irritation was kept up; but this being suppressed at the commencement of June, the pains returned with so much violence as to destroy all power of motion. The patient experienced, at the same time, a numbness in the limb, a creeping sensation at the extremity of the fingers, and great increase of pain when the internal part of the arm was compressed. The patient was admitted into the Hotel Dieu for a month, and was relieved by counter irritants. When she left, in the beginning of October, she lost the use of the right inferior extremity, after having experienced in it very acute pain. Towards the end of the month (October) she returned to the Hotel Dieu, scarcely able to move herself. An ulcer broke out on the sacrum, and destroyed, in a few days, the right buttock and a part of the thigh; and at last, on the 10th of November, this woman died.

Examination of the Body.

The brain was rather flaccid. The spinal arachnoid was red, in a great part of its extent. The spinal marrow was sound. The heart was soft.

The left axillary plexus presented the following appearances: the median nerve, at its division from the other branches of the plexus, was of a deep red, to the extent of two inches; the nerve was of this colour, both externally and internally. The anterior branch of the seventh cervical, which goes to form the median nerve, was also

red, but less so than the median itself. The radial, cubital, external and internal cutaneous, were in the natural state. The axillary plexus of the right side was quite healthy. The right sciatic nerve, enveloped with a great quantity of cellular tissue, in a gangrenous state, presented at its superior part, and to the extent of two inches and a half, a deep brown colour, affecting all the substance of the nerve, without having changed its size or consistence. It is worthy of notice, that the gangrene of the thigh, which extended below this portion of diseased nerve, had not produced any alteration in the rest of the sciatic, and consequently, that this change of colour was not the result of the general gangrene. The other nerves of this limb, and the sciatic of the left side, were in the natural state.

Case II.

Checked perspiration; racking pain of the crural nerve, increased by pressure and motion; heat of the limb; fever. Redness, ecchymosis, increased size of the nerve.

A man, forty-four years of age, had been affected for eight years with a pain, which was situated in the region of the right sciatic, and which came on after a sudden check to the perspirations, having exposed the body to the cold when covered with sweat. The pain daily increased, when he at last decided on entering the Hotel Dieu. At the time of his admission, the pain was always increased by the impression of cold, and diminished on the contrary by heat; rest afforded relief, whilst the least movement added to the pain; pressure on the crural nerve caused a numbness in the inferior part of the thigh, and a rending pain in the part compressed; the limb was constantly in a state of gentle warmth, which was perceptible to the hand when placed on the limb. The patient laboured under a slight fever, attended sometimes with evening exacerbations, and a paroxysm of the pain. The man was in this state for three days; he only took baths for his complaint; when, on being chilled, an attack of peritonitis came on, and carried him off on the 12th day from his admission.

Inspection of the Body.

The crural nerve, at the point where it leaves the abdomen, presented to the extent of an inch and a half a marked increase of size, which appeared double to that of the opposite nerve; it was of a violet colour, and sprinkled throughout with small red spots of about the size of a pin's head. The cellular tissue which unites the different filaments of the nerves together showed very distinctly the injection of its vessels. This redness, which penetrated almost into the substance of the nerve, was much more marked towards the crural arch than in any other part. The lumbar plexus was in the natural state; the inferior portion of the crural nerve was white, and not at all increased in size.

From the cases which have come under M. Martinet's notice, he has adopted the following conclusions:

I. That inflammation of the nerves is one of the causes of neuralgia, but one of those which is least frequently observed.

II. That this inflammation has its seat in the covering of the nerve, and in the cellular tissue which joins together the different filaments which form the nerves.

III. That this inflammation is always marked by a development and increase of pain by pressure on one of the points of the inflamed nerve.

IV. That this inflammation differs essentially from neuralgia, which merely consists in an alteration of the sensibility of the medullary substance, inasmuch as the pain is not always increased on pressure, exceedingly variable in its nature, and uniformly attended with remissions.

The reason for distinguishing between an irritable and an inflammatory state of the nerve, is the difference required in the treatment of each. In the first, M. MARTINET says, that relief in general is only obtained by the exhibition of narcotics or antispasmodics, whilst bloodletting aggravates the complaint. The antiphlogistic plan, on the contrary, almost invariably affords relief when there is inflammation of the covering of the nerve; but it is not always sufficient, because the nervous sensibility frequently becomes altered from the inflammation, and then the two complaints exist together, and require a modification of the two plans of treatment.

To the Editor of THE LANCET.

SIR,—In the two or three last numbers of your interesting publication, some students have complained of the manner in which the surgeons of the different metropolitan hospitals discharge their duty to the pupils, who are *compelled* to attend the practice of these institutions. It is, I believe, acknowledged by all, even by the surgeons themselves, that the present system of conveying instruction is extremely defective; and little calculated to compensate for the money and time expended in obtaining it. Some surgeons, aware of this, have thought it their duty, from time to time, to deliver clinical lectures, or observations on the most important cases which they have under their care; and I perceive that there is one gentleman (Mr. TYRRELL) belonging to the Borough Hospital, at present pursuing this plan. There cannot be the least doubt that this mode of conveying instruction, is of considerable advantage to the pupils in several ways, and must ultimately be of equal advantage to the surgeon who adopts it. But I think the plan recommended by your correspondent, last week, still preferable to this, viz. "that daily accounts of all interesting cases in the hospitals should be kept by persons expressly employed for that purpose by the surgeon, and that such accounts should be read by the surgeons on their visits to the hospitals, at the bed-side of the patient, or, perhaps, at a little distance from it." Your correspondent has omitted to state how this is to be carried into effect; it may be done with great ease, and I will briefly state how. Belonging to every hospital there are three principal surgeons, and each is responsible for the patients admitted under his care; therefore, if each surgeon were to keep a clinical clerk, whose sole business it should be to take the cases for him (which, of course, would become the property of the surgeon), all the cases in the different hospitals might be easily taken, and be ready for the surgeons when they went round the wards. If this plan were pursued, no greater benefit could be conferred on the pupils, and nothing could

throw a brighter lustre on the character of the individuals who adopted it.

The real good to be derived from this, as in all other plans, would depend on the mode in which it was carried into effect. The surgeons should employ persons of ability, whom they may have under control, and not trust to the *honorary* exertions of individuals, who, perhaps, neither very competent nor willing, would only render the measure abortive. The mention of *honour* reminds me of the following passage, which it may not be amiss to quote; and which may teach the surgeons what they have to expect from those on whom honour is the only operating motive. "Can honour set a leg? No. Or an arm? No: Or take away the grief of a wound? No. Honour hath no skill in surgery then? No. What is honour? A word. What is that word honour? Air; a trim reckoning! Who hath it? He that died o' Wednesday. Doth he feel it? No. Doth he hear it? No. Is it insensible then? Yea, to the dead. But will it not live with the living? No. Why? Detraction will not suffer it:—therefore I'll none of it. Honour is a mere 'scutcheon, and so ends my catechism."

CANTAB.

Bartholomew's Hospital,
Aug. 10.

To the Editor of THE LANCET.

SIR,—The observations in the last number of your admirable journal, upon the new *Humbug Society of Physicians*, were most proper and convincing.

One part of your statement, however is incorrect, that relating to the apparent transgression of their own most absurd regulations. The doctor you allude to does not practise midwifery; he is only *consulting* physician to the Queen's Lying-in Hospital, as Dr. Maton is to the Westminster Lying-in Hospital, an office merely nominal, although Dr. Copeland worked heart and soul to obtain it, and takes excellent care to publish it to the world, with his other titles, on the russetty brown cover of his old woman's periodical.

By the bye, I have heard, that when there were some cases of the puerperal fever in the Queen's Hospital last spring, Dr. C. took the very liberal step of reflecting on the practice of the responsible officers of the house, and insinuated to the Committee, that he could cure all the cases without trouble. The puppy* was taken at his word, and four cases were put under his care. As he had read somewhere or other, for he is a gourmand at reading, though he has a bad digestion, that oil of turpentine cured puerperal fever, he gave each of the cases that medicine, and three out of the four died! I need not tell you the opinion of the Committee afterwards.

So much for the worthy doctor.

Your constant reader and admirer,

M. D.

Aug. 9, 1824.

To the Editor of THE LANCET.

Mr. EDITOR,—I have long admired your fearless exposures of the arts by which the dignity of the medical profession is lowered, but

* In the usual acceptation of the word *puppy* we should be the last in the world to assign to Dr. COPELAND that *dandy* appellation.—*Ed. L.*

now methinks you begin to run a-muck, and that while you destroy the cobwebs in which the unwary are caught, you attempt as well the destruction of the best institutions. I am led to this observation by the attack in your last on the newly-formed society of the United Kingdom Physicians, or the Imperial Society, as they may be called. It is an object of my greatest ambition to be a brother of so distinguished and learned a body, and, as I have no doubt of my admission, I shall reply to your several aspersions as if I were already a K. U. or Imperialist.

In the first place you sneer at our sole object, the advancement of medical science, which you are pleased to call a mere pretence to advance our pecuniary interests. You insinuate that this is but a cloak, and an ill-made one too, as exposing both our empty pockets, and tattered pedestrian shoes to the most careless observer. Now, Sir, were the members, whose names are printed in the prospectus, or the major part of them, a poor beggarly crew, without practice and without character, foiled in their attempts to acquire celebrity by other arts, and jealous of the success of others, there might be a shadow of reason in your suspicions; but what is the truth? Read, read the list of celebrated names, and blush for your audaciousness. There is not one name in the whole list that is not justly illustrious. The ten members constituting the society who you say have determined to make themselves conspicuously ridiculous are Hancock, Shearman, Tweedie, Roberts, Temple, Copeland, Cleverly, Uwins, Birkbeck, and Clutterbuck; a list which I am proud to record as the founders of this ever-to-be-admired society. Whose name, I should be glad to know, is better known or oftener to be met with than Dr. Uwins'? It appears in print nearly as often as Dr. Eady's. Does not every monthly magazine contain a sample of the inexhaustible store in his mind? Have you never seen his name on the back of that much valued work the Medical Repository, where the sign by which the illustrious Copeland is known amongst men now shines? It is not Dr. Uwins' name only that is so conspicuous, but his face likewise. Observe with what eagerness our artists intreat his permission that they may delineate his portrait. On several occasions within four years past, has it graced the walls of Somerset House. This I conceive to be a true test of eminence, as well as a dignified mode of publicity. Hippocrates and Æsculapius have long had such honours given them by painters. The monthly effusions alluded to, and exhibitions on the walls of a gallery, are by no means the same thing, as some invidious men pretend, as the papers on medical matters that are put into our hands in the streets and the well-chalked names on walls. Again, whose name fills the public ear more than Clutterbuck's. Was it not he that discovered that the fits of ague depend on repeated inflammations of the brain? And I cannot but take this opportunity of convincing you of the united genius of the united Physicians, by directing your attention to the admirable scheme of attaching Dr. Clutterbuck's name to the end of the Committee, for the evident purpose of attracting the public attention to its designs more speedily, on the same principle that (to use a homely comparison) the public may be quickly

apprized of the madness of a dog by attaching to its tail a tin-pot or a clatter-box.

Secondly; you ridicule the inconsistency that a member of this society, one of whose resolutions excludes all those physicians that practice midwifery, should be a medical officer of a lying-in institution. You may as well assert, as a matter of importance, the inconsistency of Dr. Uwins' writing papers for the Transactions of the Apothecaries at the same instant nearly that he is supporting this plan of exclusion. These are bagatelles, and lost in a blaze of excellence. The principle of exclusion upon which the Society is built is admirable. It is a sign of these radically reforming times, the wish to demolish old established exclusion expedients. Although we detest money for any personal good it may bring, still, being a means of carrying benevolence into effect, it may be prized on that score, and Dr. Eady's success proves that exclusion is a good method of obtaining it. Is not the college itself the great model of exclusion societies, and has any liberal mind ever conceived any thing unworthy in its system of exclusion? We admire this so much in the College, that we will condescend to open our door to them. Would the College of Surgeons be graced with so many eminent names of assistants but on this principle? with the Norrises, Harveys, Forsters, Blizards, &c.? Is it not owing to exclusion that our hospital surgeons are the flowers of their profession; that our medical school at Edinburgh is so eminent for genius in its present teachers? Why should we admit such as have not gone through the prescribed course at medical schools having the power of conferring degrees? Is it possible that a man, who may have at first intended practicing as a surgeon or general practitioner, but, after finishing his education to qualify him as such, may have inclined to physic, without deeming it necessary to make a school-boy routine of attendance on common-place lectures—is it possible that he can practice physic? No such thing. Were Harvey, a graduate of Padua, and Dr. W. Hunter, a practitioner in midwifery, living, we would not associate with them; and the idea of Dr. Good's admission—we allow him, if you please, to be a very accomplished physician—is, for the just reasons assigned, perfectly nauseous.

In fine, sir, we, Drs. Uwins, Shearman, Roberts, Hancock, &c. seeing that the genius, as we have said in the prospectus, has been only *considerable*, that has been hitherto unsuccessfully applied to medicine, are determined to try what *consummate* talent can do, and "a union of the talents of its professors," which has hitherto not been thought of: and, as our first object is "the discussion of subjects connected in any manner with the science of medicine," we have determined to exclude from our body all those more likely than ourselves to give information on those parts which are not *immediately* connected with the *practice of physic*. We are not, sir, as your insinuation represents us, poor, unknown, disappointed, and envious creatures, making a bold push at a new art of quackery, founded on the basest principles, but prosperous and celebrated characters, anxious to adopt that expedient universally known to be the best, to promote science, which is our sole object in forming a society. X. X.

ON IATRIC JUNTAS IN THE METROPOLIS.

John Walker, M. D., Director to the Royal Jennerian and London Vaccine Institutions, to the Editor.

Bond Court, Walbrook,
FRIEND, 1 viij, 1824.

Besides the London Medical Society, the Medico-Chirurgical and the Hunterian; as well as the similar associations at the different hospitals of this metropolis; all upon the liberal principle, "*que la veritable science ne connoit point des ennemis;*" in other words, that, while there is some difference in the duties of the three different practitioners—the Apothecary, the Surgeon, and the Physician—when met together, for the discussion of medical subjects, every idea of any thing like rank in the profession, as entertained in the public mind, at Carlton House, or in the Herald's Office, is naturally, and, in free debate, necessarily extinct. The member who would assume, or who would render to another, any particular respect or attention, for any other reason than that of the importance of his scientific observations, would only render himself ridiculous in the eyes of his fellows.

Besides the societies already formed, another has just now sprung up among certain *permissi* of the college in Warwick Lane, under the designation of "The Society of Physicians of the United Kingdom."

Their first meeting, consisting of so small a number as that of the righteous persons who would once have saved a city in which the family of Lot had their dwelling, was held June the 17th, at the house of Doctor Shearman; their first general meeting to take place at the house of Dr. Birkbeck, in the evening of the second Thursday in October next. Signed C. B. Roberts, *Sec. pro. temp.*

Among their regulations it is unanimously resolved, that no person be a member of this society who is engaged in the actual practice of Surgery, Pharmacy, or Midwifery: thus forgetting the rock from which they were hewed; forgetting that they, themselves, received their earliest and perhaps best lessons behind the counter, ere they left the shop, to help to form the heterogeneous mass of attendant boys, scrambling for the best places on the benches where they sate to hear the professors at college repeat their *prelectiones*.

In another regulation they seem to assume a loftier station than the Royal College, which, *speciali gratia*, from time to time, hurls upon the town a practitioner thus rendered regular, whose popularity, and whose calls to a royal couch, sometimes seem to eclipse the most dazzling eclât of the most ancient of the fellows. The United Kingdom's Society does not recognize such liberal proceedings of the London College, if happening subsequently to the close of the last century. Connivance at previous partialities seems quite requisite to the getting up of this modern minor model of professional aristocracy.

The regulation is, that the society consist of such persons only as have actually prosecuted the study of Medicine in a University, for the period prescribed by its regulations, and who, having subsequently submitted to the usual tests and examinations, have thereby obtained the degree of Bachelor or Doctor of Physic. But Members of the London College, whether Fellows or

Licentiates, admitted prior to the year 1800, are eligible.

N. B. There are universities in our island where eligibility in the aspirant, not any observance of term-trotting, obtains him at once their academic honours. Of term-trotting having been strictly observed since and during the year 1800, the new society seems particularly tenacious; because the Royal College having, of later times, laid on the canditates for their licence the obligation of submitting to a period, as by themselves prescribed, of previous term-trotting, do yet, *speciali gratia*, occasionally connive at the omission of it.

One of the proposed objects of the incipient junta is, the effecting of whatever may tend to advance the interests and dignity of the Professors of the Science of Medicine, the regularly educated Graduates in Physic, say they, of the Universities of the United Kingdom. Now it happens, that all the members of this junta, who have been at college, have had foreign as well as native graduates among their teachers, and they have not all been confined to lectures in the English language, or to lectures in our native isles. Moreover, the most eminent Fellow of the London College of Physicians, who are the *permittentes* of all the members of this society; the man before whose day the laws of organic life lay hid, under an impenetrable veil, through every age; who, in the 17th century, made the important discovery of the circulation of the blood, whereby the mean was first obtained of forming any thing like a rational conjecture on the economy of animal life; and whereby the economy of vegetable life has also become approachable, Dr. William Harvey, was a graduate of Padua. And, his successors, seeming to consider science like the air we breathe, not appertaining exclusively to any particular climate, do not oppose themselves to the examination of Graduates in Physic of other Universities on the same terms that they examined the major part of the Members of the Society of Physicians of the United Kingdom.

FAREWELL.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Enlargement of the Knee Joint.

Eliz. Cox, ætat. 30, servant, of a fair complexion and strong constitution, was admitted into Lydia's Ward of this Hospital, under the care of Mr. MORGAN, March 3d, 1824, with an enlargement of the right knee joint. The complaint was brought on in the following way:—in the middle of the year 1821, she felt a little uneasiness in the right knee, and in the month of September, of the same year, she slipped her foot on a piece of melon, one day whilst in the kitchen, and struck the knee which she had before felt uneasy. The limb remained just in this state, without compelling her to give up her situation, till June, 1822, when she was seized with an attack of inflammation in it, for which the part was bled, blistered, &c. Just at this time she came to St. Thomas's Hospital, under the care of Mr. TYRRELL, who ordered that the limb should be kept quite at rest, and bandaged with soap plas-

ter. At the end of nine weeks she left the hospital, being able to walk pretty well. From taking too much exercise, the knee became affected as it had been before, and she came to the hospital again, under the care of the same gentleman, by whose advice and attention she had been previously so much benefited. The same means as before were resorted to, but without at all affording the relief they had done on the former occasion. Leeches, issues, blisters, cupping, poultices, bandages, straight position, semiflexed position, every thing which the mind could suggest, was tried alternately, without subduing the complaint in the least. She remained in the hospital for near eighteen months, when she was obliged to leave, on account of the length of time she had been in the Institution.

At the time of her admission into this hospital, the cartilages of the knee joint were ulcerated, the tibia was thrown forwards, the knee was swollen, and painful when flexed in the least, and there was a small sinus at the outer part of the joint, from which a good deal of matter had discharged; of late the quantity had lessened. Her general health, up to this time, had never been materially affected. The limb was ordered to be put into a fracture box, and to be bandaged from the foot upwards to above the knee, with the view of producing anchylosis. The bandaging produced so much pain that it was obliged to be discontinued, and the old plan of poulticing the knee again adopted. At this time her health began to suffer very much; she had frequent shiverings, a hectic look, cough, sickness, and loss of appetite. The limb was also very painful. In a short time an evident fluctuation could be felt on the inside of the joint; an abscess formed, which broke, and gave vent to a considerable quantity of matter. The constitutional irritation kept up at this period was so great that, on two or three occasions, it was feared that amputation must have been performed, as the only means of preserving life; but on account of her extreme weakness it was postponed. Lately, her general health has improved; and, two or three weeks ago, Sir ASTLEY gave it as his opinion, that the limb might be saved. She is (August 12th) considerably better, the knee is kept poulticed, and on the inside of it there is a wound of the size of a shilling, from which a good deal of discharge comes. The integuments are not much discoloured. The tibia projects forwards. As this case will of course be one of very long standing, we shall only notice it again, for the purpose of giving the result, unless any thing should occur worthy of remark.

The female, whose external iliac was tied three weeks ago, by Mr. KEY, is doing very well. The cases operated on by Sir ASTLEY, a fortnight ago, are also in a fair way. Mr. MORGAN'S external iliac case died this week; but there was considerable disease found in different parts of the body on examination. Just above the point where the ligature was put, there was a moderate sized aneurism, and the femoral artery of the same side, just as it passes under Poupart's ligament, was dilated.

The operations performed this week, are the removal of a carcinomatous breast, and an amputa-

tion of a leg above the knee for scrofulous disease; by Sir ASTLEY COOPER.

The principal accidents are a fractured thigh; two fractured patellæ; fractured tibia and fibula; fractured clavicle, ribs, and inferior maxillary bone, in the same person; and laceration of the thigh from a steam engine.

The last-mentioned accident happened in a lad of eighteen years of age, by the thigh getting entangled in a steam engine. He was brought into the hospital on Friday evening (August 6th), about five o'clock. There was an extensive laceration on the outside of the thigh, extending from a little below the trochanter to the poples. The bone itself was fractured at the condyles; the ligamentum patellæ ruptured; the tendons of the extensors of the leg exposed; and the muscles on the external part of the limb exposed. Considerable quantities of blood had been lost between the time of the accident and his arrival at the hospital, a space of two hours. The surgeon (Mr. KEY) was sent for, who arrived a little after six. Conceiving it quite impossible to preserve the limb, so extensively injured as it was, he removed it, at a very short distance from the joint; but the patient only survived three hours and a half. About twelve ounces of blood were lost during the operation.

ST. THOMAS'S HOSPITAL.

The following case of hernia humoralis is the one alluded to by Mr. TYRRELL, in his Clinical Lecture last week:

William M——, aged 31, labourer, came into St. Thomas's Hospital, George's Ward, July 22, under the care of Mr. TYRRELL, with a swelling of the left testicle, supervening on the stoppage of a gonorrhœal discharge. For some time before the man applied to the hospital, he had been labouring under a gonorrhœa; and about a fortnight or three weeks after, the discharge appeared (during the continuance of the inflammatory stage), he took some balsam copaiba, which suddenly stopped the running. The stoppage of the discharge was immediately followed by a swelling of the testicle. At the time of his admission, the testicle was enlarged and painful, more especially at the upper and back part, and the pain reached the loins.

Mr. TYRRELL directed him to lie on his back; to have leeches applied to the part every day; to take calomel and colocynth (five grains of each) every night. By attending to these directions, and frequently leeching the part (we believe that the dresser said 130 leeches had been applied) the complaint gradually subsided.

Aug. 3d.—The testicle is much reduced in size; the pain has left it; and the discharge from the urethra has returned. Mr. T. ordered the patient to-day to have balsam of copaiba mixture, of which he is to take a small quantity only to begin with.

10th.—The testicle is quite well, and the discharge is going away: still takes the balsam of copaiba mixture.

There are few cases of interest in the house at present. Dr. ELLIOTSON lately tried the ammoniacal injection, in a case of amenorrhœa, which was in Dorcas's Ward, and

with the most complete success. The patient used the injection for the space of between four and five weeks, according to Dr. LAVAGNA'S plan, and at the expiration of that time the menses returned.

There is another patient in the same ward who has amenorrhœa, and who has been trying the injection of ammonia for some time; but in this case it has not succeeded. The patient is not a favourable subject for the trial of this remedy, as she is also labouring under acute rheumatism of the wrists.

Acupuncturation is tried a good deal in this institution at present, but we are not acquainted with the results of all the cases in which it has been performed. There is a case of bronchocele, under the care of Dr. ELLIOTSON, in Isaac's Ward, evidently improving under the use of the tincture of iodine. The patient is about eighteen years of age, and takes as much as ninety drops of the tincture, three times a day, without experiencing the slightest inconvenience.

The operations performed here this week are, the removal of a finger, by Mr. TYRRELL, and a thumb, by Mr. THOMAS (Mr. GREEN'S dresser). The only accident of importance admitted, is the person whose thumb was amputated.

Clinical Lecture in our next.

Mr. BRANSBY COOPER, on Monday last, concluded his Maiden Course of Anatomical Lectures and Demonstrations. He has been attended by a very numerous class of students, who, without exception, have been successful in their examinations at the College. We congratulate Mr. C. on his success.

The Middlesex, Westminster, and St. George's Hospitals in our next.

PURULENT OPHTHALMIA.

This disease, which is an inflammation of the eyes, attended with a profuse discharge of purulent matter, is at the present time very prevalent in London. It is of an exceedingly contagious nature, and those individuals who have the care of schools, or of large establishments, should be particularly cautious to prevent the propagation of the complaint, by not allowing the diseased persons to be placed in immediate contact with the healthy, whether by sleeping in the same beds, or by using the same towels.

MARRIAGE.

On the 11th inst. at Alfreton, Derbyshire, Mr. H. Walters, Chemist of that place, to Mary, only daughter of B. Rickards, Esq.

DEATH.

At Ashby-de-la-Zouch, on the 2d inst. Tho. Kirkland, sen. Esq. surgeon, aged 64.

TO CORRESPONDENTS.

We wish to write to X. X.;—where can we address?

The letter of "Enquirer" shall appear in our next.—"English Surgeon," and "Hospital Student," if possible.

Other Correspondents must stand over.

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